

FORM <b>1</b>	U.S. ENVIRONMENTAL PROTECTION AGENCY	<b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;">           F M I D 0 0 5 3 5 6 7 8 7         </div>
<b>GENERAL</b> LABEL ITEMS EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	GMC FISHERY BODY FORT STREET
---	------	------------------------------

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 CHADBOURNE, RICHARD PLANT ENGR.	3 1 3 5 5 4 6 8 3 9

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		
3 6 3 0 7 WEST FORT STREET		
B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 DETROIT	MI	4 8 2 0 9

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				
5 6 3 0 7 WEST FORT STREET				
B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
WAYNE	DETROIT	MI	4 8 2 0 9	



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST

C	7	3	7	1	4	(specify)
15	16	17	18	19		

 MOTOR VEHICAL PARTS & ACCESSORIES

B. SECOND

C	7	(specify)
15	16	19

C. THIRD

C	7	(specify)
15	16	19

D. FOURTH

C	7	(specify)
15	16	19

## VIII. OPERATOR INFORMATION

A. NAME

C	8	G	M	C	.	F	I	S	H	E	R	.	B	O	D	Y	.	F	O	R	T	.	S	T	R	E	E	T
15	16																											

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL  
S = STATE  
P = PRIVATEM = PUBLIC (other than federal or state)  
O = OTHER (specify)

P (specify)

D. PHONE (area code &amp; no.)

C	A	3	1	3	5	5	4	6	8	3	9
15	16	17	18	19	20	21	22	23	24	25	26

E. STREET OR P.O. BOX

C	6	3	0	7	.	W	E	S	T	.	F	O	R	T	.	S	T	R	E	E	T
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	

F. CITY OR TOWN

C	B	D	E	T	R	O	I	T
15	16	17	18	19	20	21	22	

G. STATE

M I

H. ZIP CODE

4 8 2 0 9

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

C	9	N	A
15	16	17	18

D. PSD (Air Emissions from Proposed Sources)

C	9	P	N	A
15	16	17	18	

B. UIC (Underground Injection of Fluids)

C	9	U	N	A
15	16	17	18	

E. OTHER (specify)

C	9	C	5	1	8	7
15	16	17	18	19	20	21

(specify) (SEE LIST)

C. RCRA (Hazardous Wastes)

C	9	R	N	A
15	16	17	18	

E. OTHER (specify)

C	9	N	A
15	16	17	18

(specify)

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE AUTOMOTIVE HARDWARE AND TRIM

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME &amp; OFFICIAL TITLE (type or print)

C. Katko, General Manager

B. SIGNATURE

C. Katko

C. DATE SIGNED

11-18-80

## COMMENTS FOR OFFICIAL USE ONLY

C																									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40



223

FORM <b>3</b> RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER S F M I D O 0 5 3 5 6 7 8 7 T/A C 1
--------------------------	--	---	--

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24 25	

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
C 8	YR. MO. DAY 17 22 22	YR. MO. DAY 73 74 75 76 77 78	YR. MO. DAY 73 74 75 76 77 78
B. REVISED APPLICATION (place an "X" below and complete Item I above)		2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS.....G	LITERS PER DAY.....V	ACRE-FEET.....A			
LITERS.....L	TONS PER HOUR.....D	HECTARE-METER.....F			
CUBIC YARDS.....Y	METRIC TONS PER HOUR.....W	ACRES.....B			
CUBIC METERS.....C	GALLONS PER HOUR.....E	HECTARES.....Q			
GALLONS PER DAY.....U	LITERS PER HOUR.....H				

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	D U P										T/A C	1
C											13 14 15	
1 2											13 14 15	
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY			
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)				
X-1	S 0 2	600	G		5	T 0 2	1,728,000	U				
X-2	T 0 3	20	E		6							
1	S 0 1	52,800	G		7							
	S 0 2	1,000	G		8							
3	S 0 4	14,000	G		9							
4	T 0 1	1,440,000	U		10							
16 - 18 19	27		28	29 - 32	16 - 18 19	27		28	29 - 32			



**III. PROCESSES** (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NUMBER	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA Form 3510-3 (6-80)



**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	3	5	6	7	8	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

42 18 19 N

LONGITUDE (degrees, minutes, &amp; seconds)

083 06 09 W

**VIII. FACILITY OWNER**

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE			
F										G															
15 16										45 15 16										40 41 42		47 51			

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

C. Katko, General Manager

B. SIGNATURE

C Katko

C. DATE SIGNED

11-18-80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED





**Fisher Body**  
Division of General Motors Corporation

223  
**Detroit Fort Street Plant**  
6307 West Fort Street  
Detroit, Michigan 48209

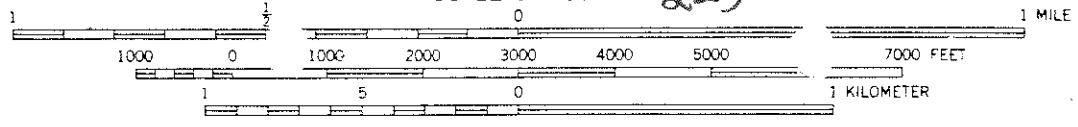
EXISTING ENVIRONMENTAL PERMITS

APC	903068
"	903055
"	903049
"	903048
"	903051
"	903056
"	903065
"	903041
"	903057
"	903038
"	903043
"	903064
"	903066
"	903067
"	903061
C	5220
"	5040
APC	903062
C	5188
APC	903031
"	903032
"	903033
"	903034
"	920227
"	903050
"	903046
"	903042
"	903053
"	903047
"	903039
"	903040
"	903036
"	903052
"	903059
"	903058
"	903035
"	903060
"	903045
"	903044
"	903037



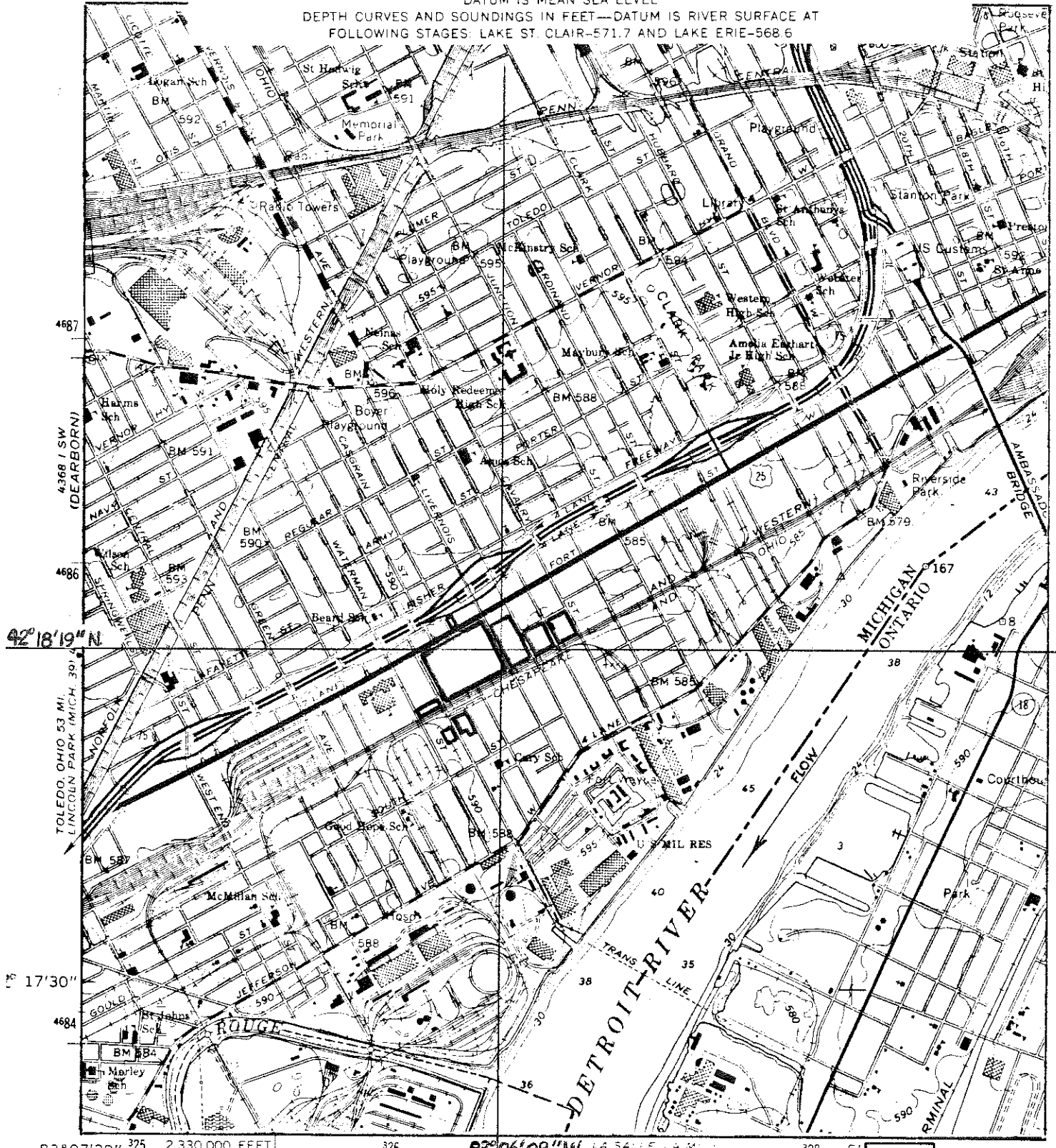






CONTOUR INTERVAL 5 FEET IN THE UNITED STATES AND 10 FEET IN CANADA  
DATUM IS MEAN SEA LEVEL

DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS RIVER SURFACE AT  
FOLLOWING STAGES: LAKE ST. CLAIR-571.7 AND LAKE ERIE-568.6



Mapped, edited, and published by the Geological Survey  
in cooperation with State of Michigan agencies

Control by USGS, USC&GS, U. S. Lake Survey, and City of Detroit

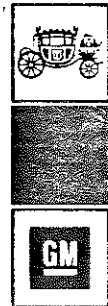
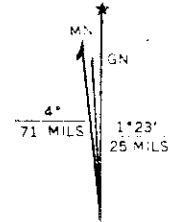
Planimetry by photogrammetric methods from aerial photographs

Topography by planimetric surveys 1938. Revised from aerial

photographs taken 1966-67. Field checked 1968

Canadian portion copied in part from Windsor quadrangle

(1:25 000) 1960, Army Survey Establishment, R. C. E.



**Fisher Body**  
Division of General Motors Corporation  
**Detroit Fort Street Plant**  
6307 West Fort Street  
Detroit, Michigan 48209



FORM <b>1</b>		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>FMID005356787</span> <span>13 14 15</span> </div>
LABEL ITEMS		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER  FACILITY NAME  V. FACILITY MAILING ADDRESS  VI. FACILITY LOCATION	PLEASE PLACE LABEL IN THIS SPACE		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	GMC FISHER BODY FORT STREET
---	------	-----------------------------

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 CHADBOURNE, RICHARD PLANT ENGR.	313 554 6839

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 6307 WEST FORT STREET	4 DETROIT	MI	48209

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 6307 WEST FORT STREET	WAYNE	DETROIT	MI	48209	163



CONTINUED FROM THE FRONT

SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
3	7	1	4	(specify) MOTOR VEHICAL PARTS & ACCESSORIES						7	(specify)								
C. THIRD										D. FOURTH									
(specify)										(specify)									

I. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?																			
GMC FISHER BODY FORT STREET																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																								D. PHONE (area code & no.)																													
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										C																																							
S = STATE										O = OTHER (specify)										A										3 1 3 5 5 4 6 8 3 9																																							
P = PRIVATE																																																																					
E. STREET OR P.O. BOX																																																																					
307 WEST FORT STREET																																																																					
F. CITY OR TOWN																																								G. STATE										H. ZIP CODE										IX. INDIAN LAND									
DETROIT																																								MI										48209										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
N A															9 P N A														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
U N A															9 2 C 5 1 8 7 (specify) (SEE LIST) —														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
R N A															9 N A (specify)														

MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

I. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE AUTOMOTIVE HARDWARE AND TRIM

II. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)																														B. SIGNATURE																				C. DATE SIGNED									
C. Katko, General Manager																														C. Katko																				11-18-80									

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



FORM <b>3</b> RCRA	<b>EPA</b>	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARD WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			F M I D 0 0 5 3 5 6 7 8 7 3 1											

FOR OFFICIAL USE ONLY														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				
23					24					28				

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
8	17	01

YR.	MO.	DAY

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C DUP 3 1														
1 2 13 14 15														
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY					
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)						
X-1	S 0 2	600	G		5	T 0 2	1,728,000	U						
X-2	T 0 3	20	B		6									
1	S 0 1	52,800	G		7									
-	S 0 2	1,000	G		8									
3	S 0 4	14,000	G		9									
4	T 0 1	1,440,000	U		10									

SEE AMENDMENT 12/10/81



# I. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

## V. DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T	0	3	D	8 0
X-2	D 0 0 2	400	P	T	0	3	D	8 0
X-3	D 0 0 1	100	P	T	0	3	D	8 0
X-4	D 0 0 2							included with above



CONTINUE ON REVERSE



## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

5	M	I	D	0	0	5	3	5	6	7	8	7	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4	2	1	8	1	9	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, &amp; seconds)

0	8	3	0	6	0	9	0
72	73	74	75	76	77	78	79

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.										6. ZIP CODE									
16										15										14										13									

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

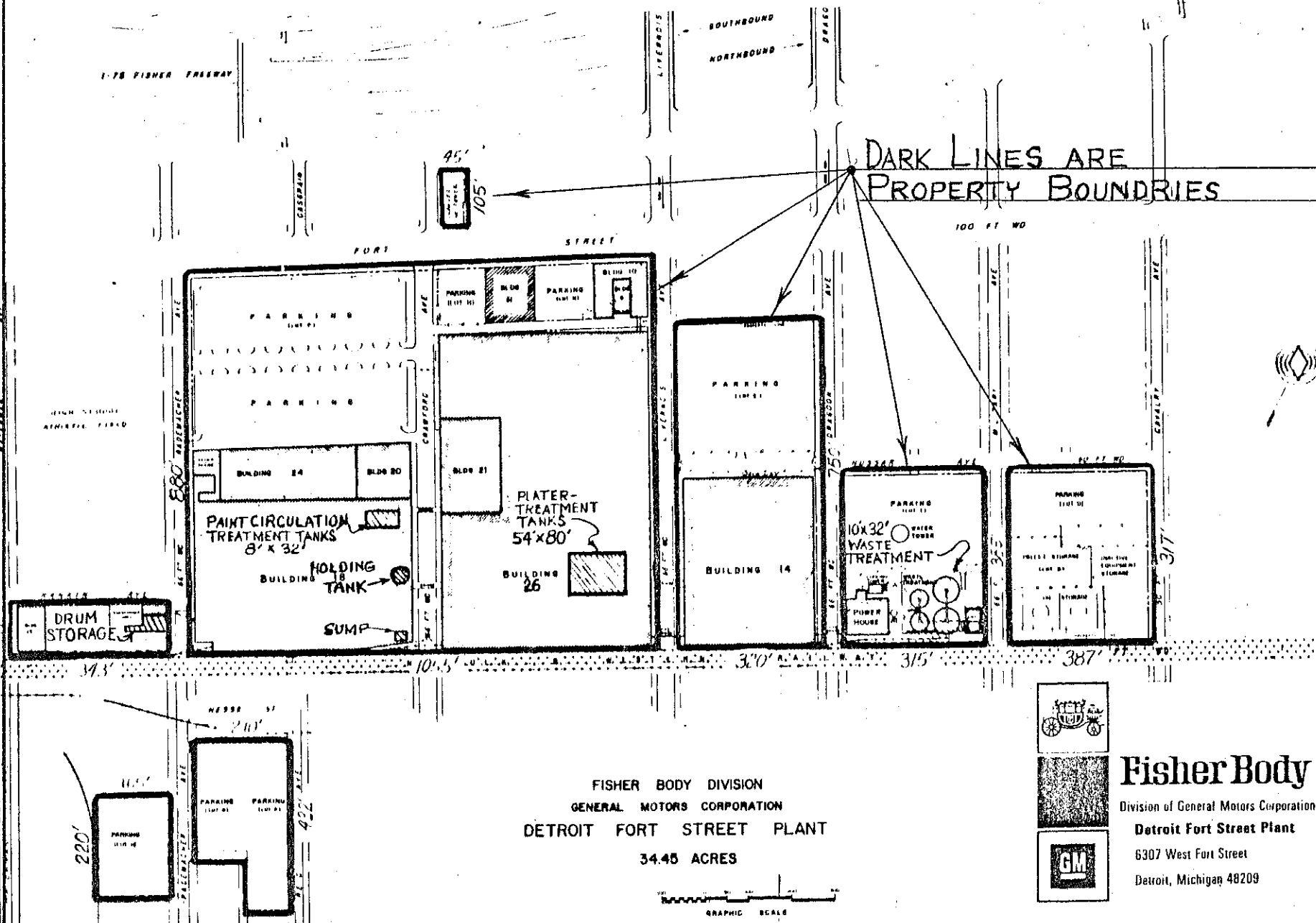
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
C. Katko, General Manager	<i>C. Katko</i>	11-18-80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED





225



FORM 3		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	1. EPA I.D. NUMBER FMID0053567871
-----------	--	---	--------------------------------------

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24	25

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			<b>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</b>		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)			1. AMOUNT	2. UNIT OF MEAS- URE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	52,800	G	7			
2				8			
3				9			
4				10			



EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
WMID0005356787										W 1 2 DUP									
1 2 3 4 5 6 7 8 9 10 11 12										13 14 15 16 17 18 19 20 21 22 23 24 25 26									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																	
1 LINE	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																						
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (If a code is not entered in D(1))														
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	
1																																	
2	F	0	0	2					69,600			P		S	0	1																	
3																																	
4																																	
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	
11																																	
12																																	
13																																	
14																																	
15																																	
16																																	
17																																	
18																																	
19																																	
20																																	
21																																	
22																																	
23																																	
24																																	
25																																	
26																																	



**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

RECEIVED

DEC

WASTE MANAGEMENT BRANCH  
EPA REGION IV

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	5	3	5	6	7	8	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	2	1	8	1	9	N
65	66	67	68	69	70	71

8	3	0	6	0	9	W
72	73	74	75	76	77	78

**VIII. FACILITY OWNER**

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

C
E

15 16

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C
F

15 16

C
G

45 46

40 41 42

47 48 49

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

C. Katko, General Manager

B. SIGNATURE

✓ C. Katko

C. DATE SIGNED

12-2-81

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

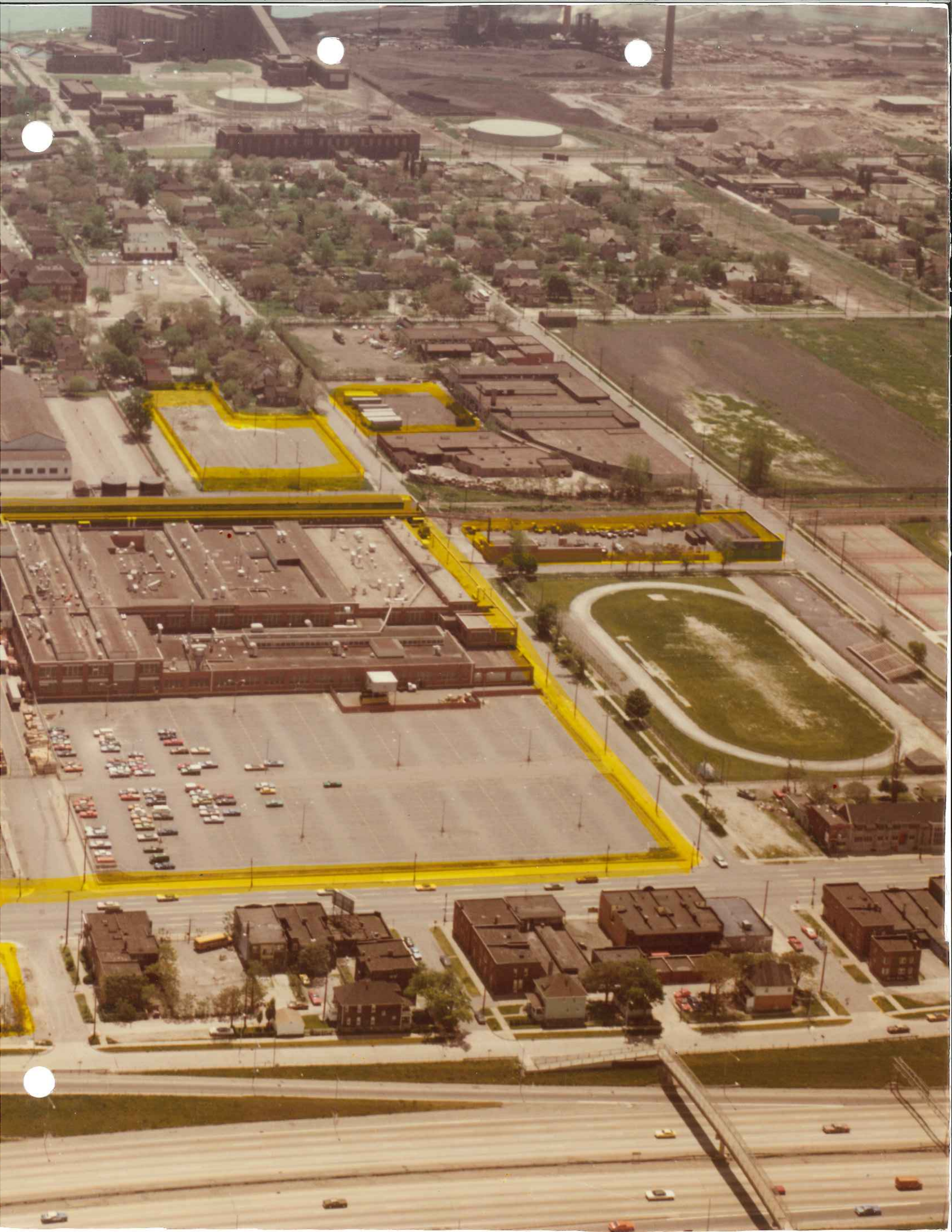
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

RECEIVED  
12/10/81









DETROIT RIVER

REVERE COPPER  
& BRASS

CAVALRY

MILITARY

DRAGON

WILLIAMSBURG

BLDG. 30  
1972  
240

D-LOT

BLDG. 28  
1968  
4,800

I-LOT

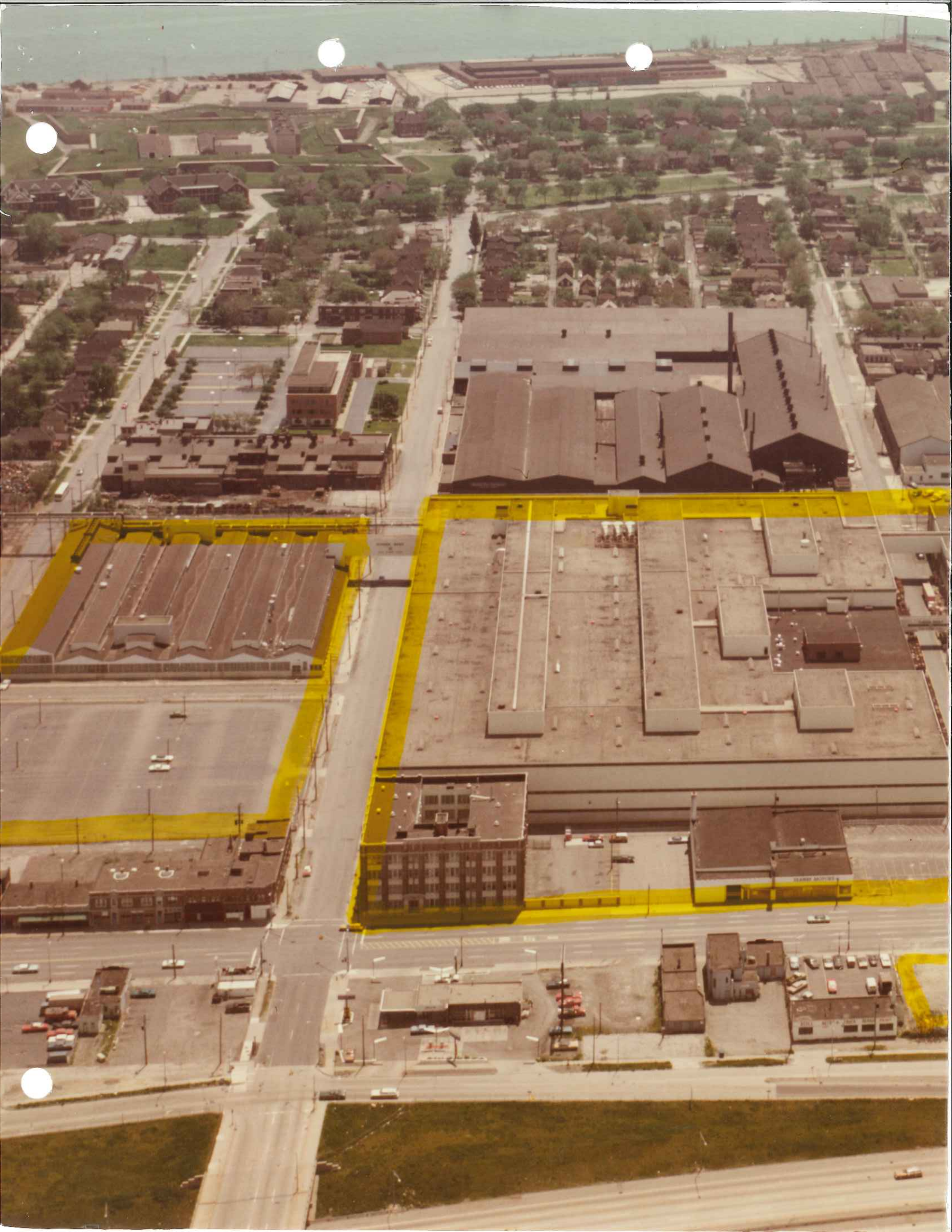
BLDG. 29  
1962  
12,000

BLDG. 1A  
1922  
1116,521

E-LOT

FORT ST.







## ENVIRONMENTAL PROTECTION AGENCY

## GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

## II. GENERATOR'S EPA I.D. NUMBER

F M I D 0 0 5 3 5 6 7 8 7 1  
1 2 13 14 15

T/A C

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
- ☐ Other \_\_\_\_\_

C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF INSTALLATION

G M C F I S H E R B O D Y D I V . D E T R O I T F O R T S T P L T  
30 69

## IV. INSTALLATION MAILING ADDRESS

3 6 3 0 7 W E S T F O R T S T R E E T  
15 16 45

Street or P.O. Box

4 D E T R O I T M I 4 8 2 0 9  
15 16 41 42 47 51

City or Town

State Zip Code

## V. LOCATION OF INSTALLATION (if different than section IV above)

5  
15 16 45

Street or Route number

6  
15 16 41 42 47 51

City or Town

State Zip Code

## VI. INSTALLATION CONTACT

2 M E L V I N A G I L M E R J R  
15 16 45

Name (last and first)

3 1 3 5 5 4 7 0 1 0  
46 55

Phone No. (area code &amp; no.)

## VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

J. W. Powser Plant Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

2/16/84



## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

## VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	0	5	3	5	6	7	8	7	1
1	2										13	14	15

## X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	5	7	0	0	2	6	0	2
16											28	

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Environmental Waste Control

## XI. FACILITY ADDRESS

27140 Princeton Avenue  
P. O. Box 431  
Inkster, Michigan 48141

## XII. TRANSPORTATION SERVICES USED

Environmental Waste Control

27140 Princeton Avenue

Inkster, Michigan 48141

EPA I. D. No. MID 057002602

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Waste Methylene Chloride Mixture of Isocyanates and Polyol From Foam Flush	1 5 35	F 0 0 2 U 2 2 3	1 3 6 9 5	G
	2	Waste Corrosive Liquid From Plater Basement	0 2	F 0 0 6	5 2 8	P
	3	Waste Chromic Acid Sludge From Plater Basement	0 2	D 0 0 7	1 6 7	P
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XIV. COMMENTS (enter information by section number—see instructions)

Waste Methylene Chloride = 11.0 lbs./gal.



## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

## VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	0	5	3	5	6	7	8	7	1
1	2											13	14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Chem-Met Services, Inc.

## X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	9	6	9	6	3	1	9	4
16												28

## XI. FACILITY ADDRESS

18550 Allen Road  
Wyandotte, Michigan 48192

## XII. TRANSPORTATION SERVICES USED

Nelson Industrial Services  
12345 Schaefer Highway  
Detroit, Michigan 48227

EPA I.D. No. MID 088011992

## XIII. WASTE IDENTIFICATION

Sequence #	# Line	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste Methylene Chloride Mixture of Isocyanates and Polyol From Foam Line Flush	1, 5	F, 0, 0, 2, 0, 2, 2, 3 35, 0, 0, 8, 0, 0, 0, 42 33, 34, 43, 46, 47, 50, 51	1 5 4 0	G
	2	Hazardous Waste Solid From Paint Line	1, 5	D, 0, 0, 1	1 2 6 5	G
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XIV. COMMENTS (enter information by section number—see instructions)

Item #1 - 11.0 lbs./gal.

Item #2 - 9.8 lbs./gal.



## ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	0	5	3	5	6	7	8	7	1
1	2									13	14	15	

T/A C

## X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	5	7	0	0	2	6	0	2
16											28	

## IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Environmental Waste Control

## XI. FACILITY ADDRESS

27140 Princeton Avenue

P. O. Box 431

Inkster, Michigan 48141

## XII. TRANSPORTATION SERVICES USED

Great Lakes Environmental

22077 Mound Road

Warren, Michigan 48091 MID 087478574

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Obsolete S. C. 3070 TD Solvent From Western Eaton Dot S. N. Solvent Mixture N.O.S.	0, 8	D, 0, 0, 1	4, 0, 2	P
		2 Obsolete S. C. 3D Solvent from Western Eaton Dot S. N. Solvent Mixture N.O.S.	0, 8	D, 0, 0, 1	1, 6, 0, 6	P
		3 Obsolete #114 Stripper Dot S. N. Dichloromethane	1, 5	U, 0, 8, 0	6, 0, 5	P
		4 Obsolete Di-Octyl Phthalate Dot S. N. ORM-A, N.O.S.	1, 5	U, 1, 0, 7	9, 1, 7	P
		5 Obsolete 44-24 Solvent Dot S. N. Paint Reducing Liquid	0, 8	D, 0, 0, 1	4, 0, 2	P
		6 Obsolete Permalastic Adhesive Dot S. N. Cement Liquid N.O.S.	0, 8	D, 0, 0, 1	3, 4, 1	P
		7 Obsolete Trichloromonofluoro-Methane Dot S. N. ORM-A N.O.S.	1, 3	U, 1, 2, 1 F, 0, 0, 2	4, 0, 2	P
		8 Obsolete Isocyanate From Mobay Dot S. N. Poison B, Liquid N.O.S.	1, 8	P, 0, 6, 4	1, 6, 5, 0	P
		9 Obsolete Plasticizer Dot S. N. ORM-A, N. O. S.	1, 3	U, 0, 8, 8	4, 5, 6	P
		10 Obsolete Toluene Dot S. N. Toluene	0, 8	D, 0, 0, 1 F, 0, 0, 5	3, 9, 7	P
		11 Obsolete Mek Dot S. N. Methyl ethyl Ketone	0, 8	D, 0, 0, 1	7, 3, 2	P
		12 Obsolete Low Flash Solvents Dot S. N. Paint Reducing Liquid	0, 8	D, 0, 0, 1	4, 0, 2	P

## XIV. COMMENTS (enter information by section number—see instructions)

Dot S. N. = Department of Transportation Shipping Name.



## ENVIRONMENTAL PROTECTION AGENCY

## Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	0	5	3	5	6	7	8	7	1
1	2											13	14 15

T/A C

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Environmental Waste Control

## X. FACILITY'S EPA I.D. NO.

F	M	I	D	0	5	7	0	0	2	6	0	2
16												28

## XI. FACILITY ADDRESS

27140 Princeton Avenue  
P. O. Box 431  
Inkster, Michigan 48141

## XII. TRANSPORTATION SERVICES USED

Great Lakes Environmental  
22077 Mound Road  
Warren, Michigan EPA I.D. No. MID 087478574

## XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Obsolete Mek Dot S. N. Methyl Ethyl Ketone	0, 8	D, 0, 0, 1 35 36 37 38 39 40 41 42	3, 6, 9	P
		2 Obsolete Methyl Isoamyl Ketone Dot S. N. Solvent N.O.S.	0, 8	D, 0, 0, 1 43 44 45 46 47 48 49 50 51	3, 7, 3	P
		3 Obsolete Xylene Dot S. N. Xylene	0, 8	D, 0, 0, 1 52 53 54 55 56 57 58 59 60	7, 8, 9	P
		4 Obsolete Low Flash Solvents Dot S. N. Solvent N.O.S.	0, 8	D, 0, 0, 1 61 62 63 64 65 66 67 68 69	1, 8, 4, 3	P
		5 Obsolete Acrylic Reducer Dot S. N. Compound Reducing Liquid	0, 8	D, 0, 0, 1 70 71 72 73 74 75 76 77 78	8, 0, 0	P
		6				
		7				
		8				
		9				
		10				
		11				
		12				

## XIV. COMMENTS (enter information by section number—see instructions)

Dot S. N. = Department of Transportation Shipping Name.



## ENVIRONMENTAL PROTECTION AGENCY

## FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of  
regulated quantities of hazardous waste at any  
time during 1983. . . . . ☐

Please print/type with elite type (12 characters per inch)

## II. FACILITY EPA I.D. NUMBER

F M I D 0 0 5 3 5 6 7 8 7 1  
1 2 13 14 15 T/A C

This Facility's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently  
☐ Other (explain  
in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

## III. NAME OF FACILITY

F I S H E R B O D Y D E T R O I T F O R T S T R E E T P L A N T  
30 69

## IV. FACILITY MAILING ADDRESS

3 6 3 0 7 W E S T F O R T S T R E E T  
15 16 45

Street or P.O. Box

4 D E T R O I T M I 4 8 2 0 9  
15 16 41 42 47 51  
City or Town State Zip Code

## V. LOCATION OF FACILITY (if different than section IV above)

5  
15 16 45  
Street or Route number

6  
15 16 41 42 47 51  
City or Town State Zip Code

## VI. FACILITY CONTACT

2 G I L M E R M E L V I N  
15 16 45  
Name (last and first)

3 1 3 - 5 5 4 - 7 0 1 0  
46 55  
Phone No. (area code & no.)

## VII. COST ESTIMATES FOR FACILITIES

\$ 1 3 2 0 3 \$  
16 19 22 25 28 31

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring  
and Maintenance (disposal facilities only)

## VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

J. W. Powser Plant Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed



## Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## IX. FACILITY'S EPA I.D. NO.

T/A C

F M I D 0 0 5 3 5 6 7 8 7 1  
1 2 13 14 15

## X. GENERATOR'S EPA I.D. NO.

G M I D 0 0 5 3 5 6 7 8 7  
16 28

## XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Fisher Body Fort Street Plt ON-SITE ☐

## XII. GENERATOR ADDRESS

6307 West Fort Street  
Detroit, Michigan 48209

## XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 9 6 8 0 P S02                                           S03                                            
 AMOUNT OF WASTE UOM AMOUNT OF WASTE UOM AMOUNT OF WASTE UOM  
 S04                                           S05                                            
 AMOUNT OF WASTE UOM AMOUNT OF WASTE UOM

## XIV. WASTE IDENTIFICATION

Sequence #	# Line	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	Spent Methylene Chloride Flush of Urethane Foam Gun Heads; Mixture $\text{MgCl}_2$ , Isocyanates, Polyol	F 0 0 2 3 0 8 3 0 41 44 45 48 49	S 0 1	8 8 4 0	P
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

## XV. COMMENTS (enter information by section number—see instructions)